Occupational Health

Strategic Planning Update

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Cathy Angotti, RD, LD
Director, Occupational Health
Office of the Chief Health and Medical Officer

- **Occupational Health (OH) Responsibilities are considered "institutional"**

  - Institutional and Technical authorities are similar but take different paths of execution
  - OH is broadly covered under the Health and Medical Technical Authority (HMTA) concept because the CHMO serves as the Agency's technical authority for _all_ health and medical requirements and matters
  - HMTA still evolving

- **OH Responsibilities** *(cont'd)*

  - Provide (1) review and oversight of health care delivery, (2) assurance of professional competency, and (3) quality and consistency of health care services Agency-wide (Agency Annual Statement of Assurance)
  - Formulate OH policies
  - Serve as the Designated Agency Safety and Health Officer (DASHO) liaison to the Department of Labor

NPD 1000.3 - The NASA Organization Office of the Chief Health & Medical Officer

- **OH Responsibilities**

    - Ensure Agency compliance with all statutory and regulatory requirements regarding the safe and ethical execution of medical practice
    - Ensure that all employees are provided healthful workplaces free from exposures to harmful substances or conditions
    - Provide advice and consultation to NASA Centers in relevant OH areas

Strategic *Planning*: FY '08 Objectives

- **Make successful business case to prevent further erosion of Agency OH budget**

- **Conduct 7 OH reviews (include Plum Brook in review)**

- **Finalize Electronic Health Record System (EHRS) commercial off the shelf (COTS) procurement**

- **Implement roll-out at designated Center(s)**

- **Safety Office to assume fiscal responsibility for annual Health and Safety Managers meeting**

Strategic *Planning*: FY '08 Objectives

- **Maintain NPR 1800.1B revision process consistent with NODIS-established expiration schedule**

- **Officially cancel International Travel NID and incorporate into revised NPR 1800**

- **Maintain "green" on quarterly President's Management Agenda (PMA) reports for Health Information Technology (IT) interoperability**

Strategic *Planning*: FY '08 Objectives

- **Finalize "Matrix G" for physical exams and release to OH medical community**

- **Fully integrate new physician capability on support contract**

- **Review OH succession planning**

FY '08 Objectives – Current *Status*

- **Completed 4 of 7 OH reviews, including Plum Brook**

- **Participated in final OCHMO-sponsored Health and Safety Directors meeting**
  - Future meetings will be sponsored by OSMA

- **Completed Appendix/Matrix G for physical examinations**
  - Draft vetted to medical and nursing communities for comment and then posted to OH website

- **On track for completing revision of NPR 1800.1A**
  - Continue to hold periodic revision status meetings

Additional FY '08 Objectives
Based on Last Strategic Plan Update

- **Submit quarterly Health IT Score Card to OMB in conjunction with CIO**
  - Maintain "green" OMB-determined rating.
  - Monitor score card activities and furnish CIO w/quarterly status reports in a timely manner

- **Select and test customized Work Limitations Questionnaire (WLQ) questions for Agency-wide use**
  - Allow a year for acceptance testing
  - Analyze WLQ data

- **Coordinate w/ CIO to complete all necessary IT requirements for EHRS software roll-out**

- **Submitted all quarterly Health IT Interoperability Score Card reports on time thru OCIO to OMB**

  - Maintained initial OMB rating
  - NASA rated "Green" by OMB for all quarters

- **Launched 2nd year of Mayo Clinic Embody Health**

  - Added customized NASA WLQ questionnaire

2008 Accomplishments (Actual)

- **Arranged dedicated CIO support at KSC to ensure compliance w/ NPR 7120 via EHRS software roll-out and implementation**

- **Finalized EHRS acquisition**

  - Medgate software selected and purchased
  - Selected SSC OH Clinic for initial NASA software installation roll-out site

- **Astronaut Review Committee Report**

- **Deep Institutional (CMO) budget cuts**

- **Agency mandatory 5-year reduction of travel resource allocations**

- **Mandatory reduction of OCHMO's Total Onboard Ceiling (TOC)**
  - Unable to fill OCHMO OH physician slot after Dr. Barry's retirement

- **Loss of all institutional budget resources support**
  - Driven by OCHMO TOC
- **Strong resistance to the creation of a "forcing function" in Travel Manager generated by revised OCHMO International Travel Policy (NPR 1810)**
  - Internal pressure forced cancellation of NPR 1810 less than 6 months after its release
  - Release of new NID eliminated certification forcing function
  - NID to be cancelled with upcoming NPR 1800 revision

External Impacts to 2008 Objectives

- **Agency MRO function permanently transferred to Dr. Tipton, KSC w/ Dr. Bidnick, GSFC as alternate**

- **Centers feeling impact of (CMO) budget cuts**
  - Increasing requests for OCHMO guidance for advocacy to save programs

- **Shortfall in OCHMO '07-'08 travel budget**
  - Forced a lien against '08 non-travel resources allotment; restrictions likely to continue thru 2012

- **EHRS site roll-out changed to smaller installation**

- **NASA OH clinics no longer responsible for "certifying" Travel Medicine clearance process**

Additions/Changes to 2008 Plans

- **Final COTS software cost proposal is lower than anticipated; savings to be utilized for increased training efforts associated w/ roll-out**
  - Medgate software selected and purchased
  - SSC selected as EHRS first roll-out site

Agency-wide HRA Instrument

- **OCHMO urges continued recruitment for EmbodyHealth registration and participation in Agency-wide HRA**
  - Registration depends on OH community
  - Agency-wide HRA standardizes health data collection
  - Helps OCHMO justify and support OH programs
  - Compliments EHRS
  - HRA and WLQ data analyzed and compared to Mayo Clinic "Book of Business"

HRA Analysis Summary

- **Mayo Clinic to provide presentation later in program to present analysis of NASA's '07-'08 HRA data**
    - Underlying purposes for initiating an Agency-wide HRA partly due to Advisory Committee recommendations
    - Partly due to OCHMO's desire to provide NASA leadership with evidence-based data of impact on Agency's mission due to productivity losses caused by health-related issues
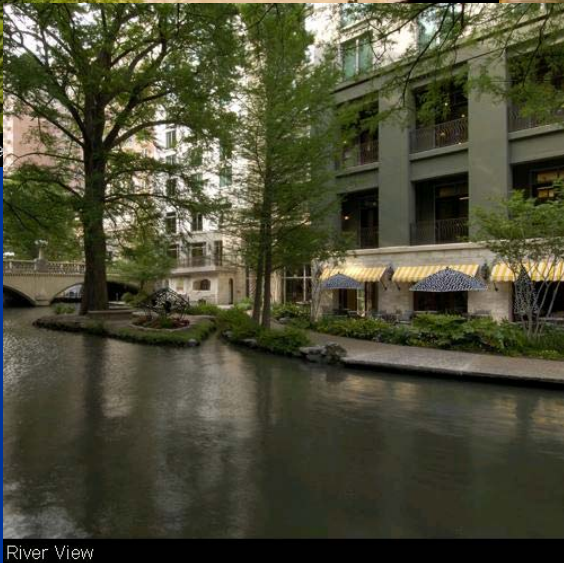
QUESTIONS?